**Adverse Event Reporting Form**

Serious or unexpected adverse psychological or physical reactions or injuries experienced by subjects from their participation in a SUNY Canton IRB approved study must be reported to the SUNY Canton IRB within 48 hours. Other adverse events should be reported within 10 working days. A serious adverse event can be any serious undesired and unintended, although not necessarily unexpected, effect occurring in participants as a result of their participation in the research protocol, or from the collection of privately identifiable research data.

Please answer every question and give details. You may mark N/A where the question does not pertain to your application. Any incomplete application will be rejected and returned for completion.

1. IRB Number:
2. Title of Study:
3. Investigators and contact information, including email:

**Basic Information:**

1. Description of adverse event (please give a detailed response):
2. Date of event:
3. Nature of the reaction or injury to participant (please give a detailed response):
4. Relationship of the adverse event to the protocol (please give a detailed response):
5. Treatment of the Participant (please give a detailed response and indicate whether the participant recovered)

**Other Information:**

Please give any additional details you feel are necessary in the reporting or resolution of this event.

Please return a signed copy of this to the SUNY Canton IRB Chair c/o Barat Wolfe at MAH 602, and email a copy to irb@canton.edu. If you have questions, please email irb@canton.edu or call 315-386-7686.

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***Signature of researcher Date***

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***Printed name of researcher***

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| ***FOR SUNY CANTON IRB USE ONLY:*****This report was reviewed and accepted by the SUNY Canton IRB on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date),** **as certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name).** |